FAX

TO:	Dare County Healthcare Providers	FROM:	Department of Health & Human Services
PAGES: INCLUDES COVER	16	PHONE:	252.475.5003
SUBJECT:	Coronavirus Guidance & Documents	DATE:	March 12, 2020

Dear Colleagues,

Attached you will find:

- Clinical Update (dated 03-10-2020)
- Lab Corp Testing Guidance (dated 03-11-2020)
- An invite to weekly reoccurring provider webinars
- **PUI Form***
- **Guidance for PUIs***
- Isolation Documentation
- Visitation Log

Items with an * must be returned to us once completed. Please fax to: 252.473.2153

Please be advised, this guidance replaces all previous versions.

Below are essential numbers that you may find helpful for COVID-19:

DCDHHS Clinical Services: 252.475.5003
DCDHHS Fax: 252.473.2153
State EPI On Call Number: 919.733.3419
COVID-19 General Information Line: 866.462.3821
DCDHHS After Hours Phone: 252.216.8703
Debbie Dutton, Clinical Nursing Director, DCDHHS: 252.475.9366
Kelly Nettnin, Communications Specialist, DCDHHS: 252.475.5036

Thanks

County of Dare
Department of Health & Human Services
P.O. Box 669 | Manteo, NC 27954
Health 252.475.5003 | Social Services 252.475.5500 | darenc.com

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
ELIZABETH CUERVO TILSON, MD, MPH • State Health Director
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

March 10, 2020 (*replaces version dated March 8, 2020*)

To: All North Carolina Clinicians and Laboratories
From: Zack Moore, MD, MPH, State Epidemiologist
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director
Re: Coronavirus Disease 2019 (5 pages)

This memo is intended to provide the latest information to all North Carolina clinicians and laboratory staff regarding the Coronavirus Disease 2019 (COVID-19). This version includes the following updates:

- Updated criteria to guide evaluation for patients under investigation for COVID-19,
- Updated guidance for discontinuation of isolation for Persons Under Investigation.
- Updated specimen collection instructions, specifically to include NP and OP swabs in a single tube, and
- Storage of any unused portions of NCSLPH COVID-19 specimen collection kits for future use.

Summary
A respiratory disease named "coronavirus disease 2019" (abbreviated "COVID-19") caused by a novel coronavirus named "SARS-CoV-2" was first detected in China in late 2019 and has subsequently spread to many other countries, including the United States. The World Health Organization announced a Public Health Emergency of International Concern on January 30 and the U.S. Department of Health and Human Services declared a public health emergency on January 31, 2020.

This is a rapidly evolving situation. The most up to date information and guidance can be found at https://www.cdc.gov/coronavirus/2019-ncov/index.html and https://epi.dph.ncdhhs.gov/cd/coronavirus/providers.html.

Case Investigation and Testing

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever[1] and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to also consider and test for other causes of respiratory illness, including infections such as influenza.

Testing at the North Carolina State Laboratory of Public Health (NCSLPH) is available with prior approval by the local health department for the county of the health care facility, or the state epidemiologist on call. Patients meeting the following criteria for a Person Under Investigation (PUI) will be considered for testing at NCSLPH:

1) Fever[1] OR signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) in any person, including healthcare workers[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset.

2) Fever[1] AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) AND negative influenza test (rapid or PCR) and no other more likely diagnosis.

Commercial laboratory testing to detect COVID-19 is now available. Testing should not be done for asymptomatic persons. Prior authorization for testing is **not** required for commercial lab testing **but** patients being tested will be considered PUIs and ***must be isolated*** either at home or in a hospital based on their need for care. Providers should 1) give the home isolation document to all patients being tested that do not require hospitalization, and 2) complete and submit the PUI form to the patient's local health department at the time the test is ordered. These documents can also be found here under "Patients Under Investigation."

Reporting

- **Effective February 3, 2020, physicians and laboratories in North Carolina are required to immediately report when novel coronavirus infection is reasonably suspected to exist.**
- Any cluster of severe acute respiratory illness in healthcare workers in the United States should prompt immediate notification of local or state public health for further investigation and testing.

Control Measures

- Patients undergoing testing will be considered PUI. Providers should give the Guidance for Persons Under Investigation to all patients undergoing testing.
- Isolation can be discontinued if the test is negative. If the test is positive, the patient should remain isolated until cleared by local public health officials.

Infection Control

- CDC currently recommends a cautious approach to management of known or suspected cases.
    - Standard, contact, and airborne precautions are recommended for management of patients in healthcare settings with known or suspected COVID-19. These include:
        - Use of fit-tested NIOSH-approved N95 or higher-level respirators
        - Use of gowns, gloves and eye protection (e.g., goggles or face shield)
        - Use of negative-pressure airborne infection isolation rooms if available
    - Patients should be asked to wear a surgical mask as soon as they are identified as having symptoms of respiratory illness
    - Isolate patients in a private room with the door closed (use an airborne isolation room, if possible).
    - Patients with known or suspected COVID-19 should continue to wear a mask if placed in a private, non-airborne isolation room or if they must be moved from their room.
- As the situation continues to evolve, please find updated guidance at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html.

Treatment

- No vaccine or specific treatment for COVID-19 is available; care is supportive.
- Corticosteroids should be avoided unless indicated for other reasons (for example, chronic obstructive pulmonary disease exacerbation or septic shock).

Testing

- NCSLPH is currently conducting testing to detect COVID-19 using the CDC 2019-nCoV real-time RT-PCR Diagnostic Panel which has been granted Emergency Use Authorization (EUA) from the FDA.
    - FDA EUA Fact Sheet for Healthcare Providers
    - FDA EUA Fact Sheet for Patients
- If using an SLPH collection kit and mailing specimens on a Friday for an overnight Saturday delivery, you must email slph.covid19@dhhs.nc.gov to request a Saturday delivery return service label, which will then be emailed to you. **The NCSLPH requires approval from either the Local Health Department where the provider is located or the State Communicable Disease Branch** prior to testing for COVID-19. Health care providers in consultation with the state Communicable Disease Branch (919-733-3419, available 24/7) or their local health department will conduct a risk assessment to determine if individuals meet the NC criteria for diagnostic testing at the SLPH. When the criteria are met, a NC Patient Under Investigation (PUI) case file is created in REDCap and a REDCap ID is subsequently generated documenting approval for testing. The REDCap ID will be referenced on the laboratory testing report form under 'NC PUI Number'.
- **Commercial laboratory testing is now available** and should be limited only to symptomatic persons. Prior authorization is **not** required for commercial laboratory testing **but** individuals will be considered a PUI.
- Persons in whom COVID-19 infection is suspected should also be evaluated for common causes of community-acquired respiratory illness, if not already done. In persons who are close contacts of known cases, state and local public health should be consulted even if the patient tests positive for a respiratory pathogen other than flu. Note: For biosafety reasons, viral culture should not be attempted in cases meeting the PUI criteria.
- Point-of-Care tests which are not FDA approved should not be used.

Specimen Collection

- Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset.
- Health care providers or public health personnel collecting specimens should wear recommended PPE as described in *What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection*
- For initial diagnostic testing to detect COVID-19, NC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended.
    - Nasopharyngeal AND oropharyngeal swabs (NP/OP swabs) should be collected separately and **both swabs should be placed into one vial of transport medium**.
        - Use only synthetic fiber swabs with plastic or metal shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place both NP and OP swabs immediately into a single sterile tube containing 2-3 ml of viral transport medium.
        - To collect the nasopharyngeal specimen, place the swab into the nostril parallel to the palate until resistance is encountered. Leave the swab in place for a few seconds to absorb secretions. Slowly remove swab while rotating it. Place the tip into the vial of sterile transport medium. Aseptically cut off the applicator stick so that it does not protrude above the rim of the tube and cap. Cap the vial.
        - To collect the oropharyngeal specimen (e.g., throat swab) use a fresh swab to swab the posterior pharynx and tonsillar areas, avoiding the tongue, teeth, and gums. Uncap the vial of transport medium with the NP swab and place the fiber end of OP swab into the same vial. Aseptically cut off the applicator stick so that it does not protrude above the rim of the tube and cap vial. **LABEL THE VIAL:** NP/OP and include the patient's name, date of birth, REDCap#, and date/time of collection.
    - Sputum, if possible when a productive cough is present. Sputum should not be induced.

        - Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container such as a 50 ml conical tube. **LABEL THE TUBE:** Sputum and include the patient's name, date of birth, REDCap#, and date/time of collection.
- Store specimens at 2-8°C for up to 72 hours following collection. If longer storage is required, store at -70°C.
- Additional guidance on collection, handling, and testing of clinical specimens is provided at the following locations:
    - https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp
    - https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html

Note: For local health departments that have previously ordered and received NCSLPH COVID-19 Specimen Collection Kits, unused collection materials can be kept for future use. Unused vials of viral transport medium should be stored at 2-8°C.

Specimen Packaging and Shipment

- Specimens should be packaged and shipped as UN3373 Category B.
    - *Sentinel Level Clinical Laboratory Guidelines for Suspected Agents of Bioterrorism and Emerging Infectious Diseases, Packing and Shipping Infectious Substances*
- All approved specimens should be directly shipped to the NCSLPH via overnight commercial courier.
    - Ship refrigerated specimens to NCSLPH on frozen cold packs
    - If a specimen is frozen at -70°C, ship on dry ice.
    - Specimens should be shipped Monday – Friday using a commercial overnight courier
    - Shipping address:
      Attention: **Virology/Serology Unit COVID-19**
      North Carolina State Laboratory of Public Health
      4312 District Drive
      Raleigh, NC 27607-5490
    - If using an SLPH collection kit and mailing specimens on a Friday for an overnight Saturday delivery, you must email slph.covid19@dhhs.nc.gov to request a Saturday delivery return service label, which will then be emailed to you.
    - Send overnight courier package tracking number to slph.covid19@dhhs.nc.gov
- All specimen submissions **must have a fully completed** NCSLPH Virology/Serology Form.

Specimen Rejection Criteria

- Samples without a REDCap ID or Local Health Department/Communicable Disease Branch approval for testing.
- Specimens not kept at 2-8°C (≤72 hrs) or if specimens have not been frozen at -70°C and they are >72 hrs old.
- Incomplete specimen labeling or documentation.
- Inappropriate specimen type.
- Insufficient specimen volume for testing.

Result Reporting

- Turnaround time for testing will be dependent on testing volumes.
- Specimens testing positive at the NCSLPH will be reported as "Presumptive positive 2019-nCoV"
    - The specimen will be immediately shipped to the CDC for confirmatory testing.
    - Presumptive positive results are public health actionable.
    - Confirmatory results are expected 24-72 hours following receipt at CDC, depending on testing volume.
- Specimens testing negative at the NCSLPH will be reported as 2019-nCoV "Not Detected."

Clinical Laboratory Safety Guidance

- Laboratorians should use appropriate precautions when handling specimens that may contain SARS-CoV-2. Timely communication between clinical and laboratory staff is essential to minimize the risk associated when handling specimens from patients with possible COVID-19**. Such specimens should be labeled accordingly**, and the laboratory should be alerted to ensure proper specimen handling.
    - Additional information can be found in:
        - The CDC Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19)

Additional Information for Clinical Laboratory Testing

- Specimens initially tested in a clinical diagnostic laboratory regulated by CLIA using a laboratory developed test (LDT) must abide by FDA regulations that require registration of the assay employed.
    - *Policy for Diagnostic Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to EUA for Coronavirus Disease-2019 during the Public Health*
- Immediate notification of the detection of COVID-19 to the Communicable Disease Branch (919-733-3419, available 24/7) is required.

Requests for Additional Information From NCSLPH

- For general information, non-urgent LABORATORY questions about specimen collection, testing, and reporting please email the NCSLPH COVID-19 helpdesk at slph.covid19@dhhs.nc.gov.
- For critical laboratory-related questions during normal business hours (8am – 5pm, Monday – Friday) please call the SLPH Customer Service line at 919-733-3937.
- For critical laboratory-related questions after business hours and on weekends, please contact the Bioterrorism and Emerging Pathogens Duty Phone at 919-807-8600.

Notes:

[1]Fever may be subjective or confirmed. Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

[2]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

[3]Close contact is defined as:

a) being within approximately 6 feet (2 meters), of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case.
– or –
b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

March 11, 2020

To: All North Carolina Clinicians and Laboratories
From: Zack Moore, MD, MPH, State Epidemiologist
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director
Re: COVID-19 testing through LabCorp

To facilitate greater access to testing for the SARS-CoV-2, the virus that causes COVID-19, NC DHHS encourages providers to submit specimens to LabCorp when the following conditions are met:

- Fever AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) AND negative influenza test (rapid or PCR).

Guidance for testing at LabCorp is available at https://www.labcorp.com/tests/139900/2019-novel-coronavirus-covid-19-naa. Clinicians should use their judgment to determine which patients are most in need of testing. NC DHHS does not recommend testing of asymptomatic patients for COVID-19.

As a reminder, all patients in whom COVID-19 is suspected must be isolated either at home or in the hospital depending on the need for medical care. An isolation document should be signed by the patient and provider and a copy provided to the patient.

Public health approval is not required for submission of specimens to LabCorp. However, physicians and laboratories in North Carolina are required to immediately report when novel coronavirus infection is reasonably suspected to exist. Providers should complete and submit the person under investigation (PUI) form to the patient's local health department at the time the test is ordered.

Detailed information for providers, including information about testing through the State Laboratory of Public Health and a link to the PUI form and isolation document, can be found at https://epi.dph.ncdhhs.gov/cd/coronavirus/providers.html.

COVID-19 Provider Weekly Webinars

Dare County Providers are invited to participate in weekly live, local webinars with clinical leadership from Dare County Department of Health & Human Services. The webinars will review the most recent provider guidance, any pertinent updates from North Carolina Public Health and have Q/A opportunities.

Webinars will be hosted:

Every Wednesday from 12:30 pm – 1:30 pm

Beginning March 18, 2020

To join the meeting on a computer or mobile phone:
https://bluejeans.com/197346825 46?src=calendarLink

Phone Dial-in

+1.408.740.7256 (US (San Jose))

+1.408.317.9253 (US (Primary))

Global Numbers: https://www.bluejeans.com/premium-numbers

Meeting ID: 197 3468 2546

Room System: 199.48.152.152 or bjn.vc

Want to test your video connection? https://bluejeans.com/111

We suggest you receive our updates directly to your inbox. Please email kelly.nettnin@darenc.com to be added to our provider email list.

County of Dare
Department of Health & Human Services
P.O. Box 669 | Manteo, NC 27954
Health 252.475.5003 | Social Services 252.475.5500 | Veterans Services 252.475.5604 | darenc.com/hhs

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ____/_____/_____

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____
Reporting health department: _____ CDC 2019-nCoV ID: _____
Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First_____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person?
☐ Patient under investigation (PUI)
☐ Laboratory-confirmed case

Report date of PUI to CDC (MM/DD/YYYY):
_____

Report date of case to CDC (MM/DD/YYYY):
_____

County of residence: _____
State of residence: _____

Ethnicity:
☐ Hispanic/Latino
☐ Non-Hispanic/ Latino
☐ Not specified

Sex:
☐ Male
☐ Female
☐ Unknown
☐ Other

Race (check all that apply):
☐ Asian
☐ American Indian/Alaska Native
☐ Black
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Unknown
☐ Other, specify: _____

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____
Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY):
____/_____/_____
☐ Unknown ☐ N/A

Did the patient develop pneumonia?
☐ Yes ☐ Unknown
☐ No

Did the patient have acute respiratory distress syndrome?
☐ Yes ☐ Unknown
☐ No

Did the patient have another diagnosis/etiology for their illness?
☐ Yes ☐ Unknown
☐ No

Did the patient have an abnormal chest X-ray?
☐ Yes ☐ Unknown
☐ No

Was the patient hospitalized?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1
___/___/___ (MM/DD/YYYY)
If yes, discharge date 1
__/___/____ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)?
☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation?
☐ Yes ☐ No ☐ Unknown
If yes, total days with MV (days)
_____

Did the patient receive ECMO?
☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness?
☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY):
____/_____/_____
☐ Unknown date of death

Symptoms present during course of illness:
☐ Symptomatic
☐ Asymptomatic
☐ Unknown

If symptomatic, onset date (MM/DD/YYYY):
____/_____/_____
☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY):
____/_____/_____
☐ Still symptomatic ☐ Unknown symptom status
☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown
Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
☐ Travel to Wuhan
☐ Travel to Hubei
☐ Travel to mainland China
☐ Travel to other non-US country specify:_____
☐ Household contact with another lab-confirmed COVID-19 case-patient
☐ Community contact with another lab-confirmed COVID-19 case-patient
☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
☐ Patient ☐ Visitor ☐ HCW
☐ Animal exposure
☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
☐ Other, specify:_____
☐ Unknown
If the patient had contact with another COVID-19 case, was this person a U.S. case? ☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination
☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID_____
☐ Unknown ☐ Other, specify:_____

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ☐No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:_____	

Pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental	☐Yes	☐No	☐Unknown	(If YES, specify) _____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify) _____
If female, currently pregnant	☐Yes	☐No	☐Unknown	
Current smoker	☐Yes	☐No	☐Unknown	
Former smoker	☐Yes	☐No	☐Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify:_____	☐	☐	☐	☐

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab			☐	☐
OP Swab			☐	☐
Sputum			☐	☐
Other, Specify: _____			☐	☐

Additional State/local Specimen IDs: _____ _____ _____ _____ _____

CORONAVIRUS DISEASE 2019 (COVID-19)
Guidance for Persons Under Investigation

You are being tested for the virus that causes coronavirus disease 2019 (COVID-19). Public health actions are necessary to ensure protection of your health and the health of others, and to prevent further spread of infection. COVID-19 is caused by a virus that can cause symptoms, such as fever, cough, and shortness of breath. The primary transmission from person to person is by coughing or sneezing. On January 30, 2020, the World Health Organization announced a Public Health Emergency of International Concern and on January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency. If the virus that causes COVID-19 spreads in the community, it could have severe public health consequences.

As a person under investigation for COVID-19, the North Carolina Department of Health and Human Services, Division of Public Health advises you to adhere to the following guidance until your test results are reported to you. If your test result is positive, you will receive additional information from your provider and your local health department at that time.

- Remain at home until you are cleared by your health provider or public health authorities.
- Keep a log of visitors to your home using the form provided. Notify any visitors to your home of your isolation status.
- If you plan to move to a new address or leave the county, notify the local health department in your county.
- Call a doctor or seek care if you have an urgent medical need. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. Notify them that you are being tested for the virus that causes COVID-19 so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting. Next, notify the local health department in your county.
- If a medical emergency arises and you need to call 911, inform the first responders that you are being tested for the virus that causes COVID-19. Next, notify the local health department in your county.
- Adhere to all guidance set forth by the North Carolina Division of Public Health for Home Care of patients that is based on guidance from the Center for Disease Control and Prevention with suspected or confirmed COVID-19 that is found here: https://epi.dph.ncdhhs.gov/cd/coronavirus/nonhealthcare.html.
- Your health and the health of our community are our top priorities. Public Health officials remain available to provide assistance and counseling to you about COVID-19 and compliance with this guidance.

Provider: _____ **Date: _____/_____/_____**

By signing below, you acknowledge that you have read and agree to comply with this Guidance for Persons Under Investigation.

_____ Date: _____/_____/_____

WHO DO I CALL?
You can find a list of local health departments here: https://www.ncdhhs.gov/divisions/public-health/county-health-departments

Health Department: _____

Contact Name: _____

Telephone: _____

CORONAVIRUS DISEASE 2019 (COVID-19)
Guidance for Persons Under Investigation

Please complete this form if your patient declines to sign the Guidance for Persons Under Investigation.

I ordered a COVID-19 test and provided the Guidance for Persons Under Investigation to my patient. However, my patient declined to sign the Guidance.

Patient Name: _____

Provider: _____ **Date: _____/_____/_____**

Infection Prevention Recommendations for Individuals Confirmed to have, or Being Evaluated for, 2019 Novel Coronavirus (COVID-19) Infection Who Receive Care at Home

Individuals who are confirmed to have, or are being evaluated for, COVID-19 should follow the prevention steps below until a healthcare provider or local or state health department says they can return to normal activities.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

Call ahead before visiting your doctor

Before your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask your healthcare provider to call the local or state health department.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** going to your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. Ask your healthcare provider to call the local or state health department.

Wear a facemask

You should wear a facemask that covers your nose and mouth when you are in the same room with other people and when you visit a healthcare provider. People who live with or visit you should also wear a facemask while they are in the same room with you.

Separate yourself from other people in your home

As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

Avoid sharing household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand rub.

Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Prevention Steps for Caregivers and Household Members of Individuals Confirmed to have, or Being Evaluated for, COVID-19 Infection Being Cared for in the Home

If you live with, or provide care at home for, a person confirmed to have, or being evaluated for, COVID-19 infection please follow these guidelines to prevent infection:

Follow healthcare provider's instructions

Make sure that you understand and can help the patient follow any healthcare provider instructions for all care.

Provide for the patient's basic needs

You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.

Monitor the patient's symptoms

If they are getting sicker, call his or her medical provider and tell them that the patient has, or is being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask the healthcare provider to call the local or state health department.

Limit the number of people who have contact with the patient

- ❑ If possible, have **only one caregiver** for the patient.
- ❑ Other household members should stay in another home or place of residence. If this is not possible, they should stay in another room, or be separated from the patient as much as possible. Use a separate bathroom, if available.
- ❑ **Restrict visitors** who do not have an essential need to be in the home.

Keep older adults, very young children, and other sick people away from the patient

Keep older adults, very young children, and those who have compromised immune systems or chronic health conditions away from the patient. This includes people with chronic heart, lung, or kidney conditions, diabetes, and cancer.

Ensure good ventilation

Make sure that shared spaces in the home have good air flow, such as from an air conditioner or an opened window, weather permitting.

Wash your hands often

- ❑ **Wash your hands often and thoroughly with soap and water for at least 20 seconds**. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty.
- ❑ Avoid touching your eyes, nose, and mouth with unwashed hands.
- ❑ **Use disposable paper towels** to dry your hands. If not available, use dedicated cloth towels and replace them when they become wet.

Wear a facemask and gloves

- ❑ **Wear a disposable facemask** at all times in the room **and gloves** when you touch or have contact with the patient's blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces. Ensure the mask fits over your nose and mouth tightly, and do not touch it during use.
- ❑ Throw out disposable facemasks and gloves after using them. **Do not reuse.**
- ❑ **Wash your hands immediately** after removing your facemask and gloves.
- ❑ If your personal clothing becomes contaminated, carefully remove clothing and launder. **Wash your hands** after handling contaminated clothing.
- ❑ Place all used disposable facemasks, gloves, and other waste in a lined container before disposing them with other household waste.
- ❑ **Remove gloves and wash your hands** immediately after handling these items.

Do not share dishes, glasses, or other household items with the patient

- ❑ Avoid sharing household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a patient who is confirmed to have, or being evaluated for, COVID-19 infection.
- ❑ After the person uses these items, you should wash them thoroughly with soap and water.

Wash laundry thoroughly

- ❑ Immediately remove and wash clothes or bedding that have blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces, on them.
- ❑ **Wear gloves** when handling laundry from the patient.
- ❑ Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the label.

Clean all areas the individual has used often

- ❑ **Clean all touchable surfaces**, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, body fluids, and/or secretions or excretions on them.
- ❑ **Wear gloves** when cleaning surfaces the patient has come in contact with.
- ❑ Use a **diluted bleach solution** (e.g., dilute bleach with 1 part bleach and 10 parts water) or a household disinfectant with a label that says **EPA-registered for coronaviruses**. To make a bleach solution at home, add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- ❑ Read labels of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves or eye protection and making sure you have good ventilation during use of the product.
- ❑ **Remove gloves and wash hands** immediately after cleaning.

Monitor yourself for signs and symptoms of illness

Caregivers and household members are considered close contacts, should monitor their health, and will be asked to limit movement outside of the home to the extent possible. Follow the monitoring steps for close contacts listed on the symptom monitoring form.

- ❑ If you have additional questions, contact your local health department or call the epidemiologist on call at 919-733-3419 (available 24/7).
- ❑ This guidance is subject to change. For the most up-to-date guidance from CDC, please refer to their website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

Person Under Monitoring Name: ______________________________________

Location: ____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Record here the list of visitors to your home since you became ill with respiratory symptoms that led you to consult a health provider:

Visitor Name	Date	Time In	Time Out	Did this person come within 6 feet of you? Indicate Y or N	Relationship to Person Under Monitoring	Phone number	Comments
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				
	__/__/____	____:____ AM/PM	____:____ AM/PM				